

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: City of Nogales CON No. _____

D.B.A. (Doing Business As): _____ Business Phone: 520-287-6571

Financial Records Address: 777 N. Grand Avenue City: Nogales Zip Code: 85621

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: _____

Report Contact Person: Sherry Schurhammer Business Phone: 520-287-6571 Ext. 5651

Report for Period From: From: July 1, 2013 To: June 30, 2014

Method of Valuing Inventory: LIFO: _____ FIFO: _____ Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____



Title: _____

Finance Director

Date: 12/22/14

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:				1,698
2	Number of BLS Billable Transports:				115
3	Number of Loaded Billable Miles:				4,537
4	Waiting Time (Hr. & Min.):				-
5	Canceled (Non-Billable) Runs:				6,350
					Donated Hours
6	Paramedic and IEMT				-
7	Emergency Medical Technician - B				-
8	Other Ambulance Attendants				-
9	Total Volunteer Hours				-

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD **FROM:** July 1, 2013 **TO:** June 30, 2014

STATISTICAL SUPPORT DATA

<u>Line No.</u>	<u>Type of Service</u>	(1) <u>SUBSIDIZED PATIENTS</u>	(2) <u>NON-SUBSIDIZED PATIENTS</u>	(3) <u>TOTALS</u>
1	Number of ALS Billable Transports:	<u>NA</u>	<u>NA</u>	<u>NA</u>
2	Number of BLS Billable Transports:	<u>NA</u>	<u>NA</u>	<u>NA</u>
3	Number of Loaded Billable Miles:	<u>NA</u>	<u>NA</u>	<u>NA</u>
4	Waiting Time (Hr. & Min.):	<u>NA</u>	<u>NA</u>	<u>NA</u>
5	Canceled (Non-Billable) Runs:	<u>NA</u>	<u>NA</u>	<u>NA</u>

Volunteer Services: (OPTIONAL)

	<u>Donated Hours</u>
6 Paramedic and IEMT	<u>NA</u>
7 Emergency Medical Technician - B	<u>NA</u>
8 Other Ambulance Attendants	<u>NA</u>
9 Total Volunteer Hours	<u>NA</u>

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 2,228,087
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	236,199 ✓
3	Medicare Settlement	Page 3.1, Line 12	583,872 ✓
4	Contractual Discounts	Page 7, Line 22	-
5	Subscription Service Settlement	Page 8, Line 4	-
6	Other (Attach Schedule)	Page 3.1, Line 13	67,048 ✓
7	Total	Sum of Lines 2 through 6	887,120
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	1,340,966
9	Sales of Subscription Service Contracts	Page 8, Line 8	-
10	Total Operating Revenue	Line 8, plus Line 9	\$ 1,340,966
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		496,344
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	3,815,600
13	General and Administrative Expenses	Page 5, Line 20	17,947
14	Cost of Goods Sold	Page 3, Line 15	54,053
15	Other Operating Expense	Page 6, Line 28	54,053
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	-
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	4,437,997
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	(3,097,031)
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	NA
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	0
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	(3,097,031)
Provision for Income Taxes:			
25	Federal Income Tax		
26	State Income Tax		
27	Total Income Tax	Lines 25, plus Line 26	0
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	(3,097,031)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ <u>1,170.68</u> ✓	x No. of Runs	<u>690</u> ✓	=	\$ <u>807,769</u>
		Rate	<u>1,198.78</u> ✓	x No. of Runs	<u>854</u> ✓		<u>1,023,758</u>
		Rate	<u>1,223.95</u> ✓	x No. of Runs	<u>154</u> ✓	=	<u>188,488</u>
					<u>1,698</u> ✓		<u>2,020,016</u> ✓
2	BLS Base Rate Amount	Rate	<u>1,170.68</u> ✓	x No. of Runs	<u>22</u> ✓	=	<u>25,755</u> ✓
		Rate	<u>1,198.78</u> ✓	x No. of Runs	<u>73</u> ✓		<u>87,511</u>
		Rate	<u>1,223.95</u> ✓	x No. of Runs	<u>20</u> ✓	=	<u>24,479</u>
					<u>115</u> ✓		<u>137,745</u> ✓
3	Mileage Rate Amount	Rate	<u>15.25</u> ✓	x No. of Billable Miles	<u>1,812</u> ✓	=	<u>27,633</u> ✓
		Rate	<u>15.62</u> ✓	x No. of Billable Miles	<u>2,316</u> ✓		<u>36,174</u>
		Rate	<u>15.95</u> ✓	x No. of Billable Miles	<u>409</u> ✓	=	<u>6,519</u>
					<u>4,537</u> ✓		<u>70,326</u> ✓
4	Waiting Charge Amount	Rate	_____	x No. of Hours	_____	=	-
		Rate	_____	x No. of Hours	_____	=	-
5	Medical Supplies (Gross Charges to patients)		.....				-
6	Nurses Charges		.....				-
7	Total		.....				<u>2,228,087</u> ✓
8	Standby Revenue (Attach Schedule)		.....				-
9	Other Ambulance Service Revenue (Attach Schedule)		.....				-
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		.....				\$ <u>2,228,087</u>

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	.....	_____	_____	_____	
12	Plus Purchases	.....	_____	_____	_____	
13	Plus Other Costs	_____	_____	_____		
14	Less Inventory at End of Year	_____	_____	_____		
15	Cost of Goods Sold (To Page 2, Line 14)					\$ <u>0</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ _____	\$ 2,020,016
2	BLS Base Rate	_____	_____	137,745
3	Mileage Charge	_____	_____	70,326
4	Waiting Charge	_____	_____	-
5	Medical Supplies (Gross Charges)	_____	_____	-
6	Nurses' Charges	_____	_____	-
7	Total	\$ _____	\$ _____	\$ 2,228,087
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	-
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	-
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 2,228,087
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ 236,199 ✓
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	583,872 ✓
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	-
14	Other (Attach Schedule)	_____	_____	67,048 ✓
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 0	\$ 887,120

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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Credit Summary

Summary By Credit Code - Report Category/Code Description

CITY OF NOGALES

42	BANKRUPTCY	1	0.02	pg 3.1 line 14	233.64	0.01
404	CHAMPUS W/OFF ALS	1	0.02	pg 3.1 line 14	795.80	0.04
805	FEE COLLECTION W/O	15	0.34	pg 3.1 line 14	1222.77	0.06
147	PATIENT DECEASED	11	0.25	pg 3.1 line 14	8982.07	0.42
604	PRIVATE INS. W/OFF ALS	80	1.80	pg 3.1 line 14	47101.34	2.20
103	PRIVATE INTEREST WRITE OFF	1	0.02	pg 3.1 line 14	1185.93	0.06
SEQUEST	SEQUESTRATION WRITE OFF	26	0.59	pg 3.1 line 14	165.02	0.01
750	VA WRITE OFF	8	0.18	pg 3.1 line 14	7361.85	0.34
					67,048.42	Total pg. 3.1 line 14

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	<u>DESCRIPTION</u>	<u>No. of F.T.E.</u>	<u>AMOUNT</u>
	OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)		
1	Gross Wages	0.0	\$ -
2	Payroll Taxes		-
3	Employee Fringe Benefits		-
4	Total	0.0	-
	MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)		
5	Gross Wages	4.0	287,982
6	Payroll Taxes		3,111 ✓
7	Employee Fringe Benefits		72,256 ✓
8	Total	4.0	363,349
	AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11) ** Casual Labor Wages		
9	Gross Wages		
9	Paramedics and IEMT	6.0	385,534
10	Emergency Medical Technician (EMT)	37.0	1,935,684
11	Nurses	0.0	-
12	Payroll Taxes		33,463 ✓
13	Employee Fringe Benefits		1,065,887 ✓
14	Total	43.0	3,420,568
	OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)		
15	Gross Wages		
15	Dispatch	0.0	-
16	Mechanics	0.0	-
17	Office and Clerical	1.0	18,226
18	Other	0.0	-
19	Payroll Taxes		1,254 ✓
20	Employee Fringe Benefits		12,203 ✓
21	Total	1.0	31,683
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	48.0	\$ 3,815,600 ✓

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	4	287,982	80%	230,386
2	Payroll Taxes		3,111	80%	2,489
3	Employee Fringe Benefits		72,256	80%	57,805
4	Total	4	363,349		290,679
AMBULANCE PERSONNEL					
			** Contractual Wages		
	Gross Wages (Attach Schedule I)		Labor		
5	Paramedics and IEMT	6	385,534	100%	385,534
6	Emergency Medical Technician (EMT)	37	1,935,684	80%	1,548,547
7	Nurses	0	-	0%	-
8	Drivers	0	-	0%	-
9	Payroll Taxes		33,463	80%	26,770
10	Employee Fringe Benefits		1,065,887	80%	852,710
11	Total	43	3,420,568		2,813,561
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	0	-	0%	-
13	Mechanics	0	-	0%	-
14	Office and Clerical	1	18,226	80%	14,581
15	Other	0	-	0%	-
16	Payroll Taxes		1,254	80%	1,003
17	Employee Fringe Benefits		12,203	80%	9,762
18	Total	1	31,683		25,346
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	48	3,815,600		\$ 3,129,587

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	_____	
2	Payroll Taxes	_____	
3	Employee Fringe Benefits	_____	
4	Total	_____	
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT	_____	100% Ambulance Personnel
6	Emergency Medical Technician (EMT)	_____	80% Based on Ambulance Calls
7	Nurses	_____	_____
8	Drivers	_____	_____
9	Payroll Taxes	_____	80% of Gross Wages
10	Employee Fringe Benefits	_____	80% of Gross Wages
11	Total	_____	_____
	Gross Wages - OTHER PERSONNEL		
12	Dispatch	_____	_____
13	Mechanics	_____	_____
14	Office and Clerical	_____	80% Based on Ambulance Calls
15	Other	_____	_____
16	Payroll Taxes	_____	_____
17	Employee Fringe Benefits	_____	_____
18	Total	_____	_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		\$	
Professional Service:				
1	Legal Fees		-	
2	Collection Fees		-	
3	Accounting and Auditing		-	
4	Data Processing Fees		-	
5	Other (Attach Schedule)		3,470	
6	Total			\$ 3,470
 Travel and Entertainment:				
7	Meals and Entertainment		-	
8	Transportation - Other Company Vehicles		-	
9	Travel		537	
10	Other (Attach Schedule)		-	
11	Total			537
 Other General and Administrative:				
12	Office Supplies		-	
13	Postage		-	
14	Telephone		-	
15	Advertising		-	
16	Professional Liability Insurance		-	
17	Dues and Subscriptions		-	
18	Other (Attach Schedule)		13,940	
19	Total			13,940
20	Total General and Administrative Expenses (Post to Page 2, Line 13)			\$ 17,947

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ -	0%	\$ -
2	Collection Fees	-	0%	-
3	Accounting and Auditing	-	0%	-
4	Data Processing Fees	-	0%	-
5	Other (Attach Schedule)	23,136	15%	3,470
6	Total	23,136		3,470
Travel and Entertainment:				
7	Meals and Entertainment	-	0%	-
8	Transportation - Other Company Vehicles	-	0%	-
9	Travel	3,578	15%	537
10	Other (Attach Schedule)	-	0%	-
11	Total	3,578		537
Other General and Administrative:				
12	Office Supplies	-	0%	-
13	Postage	-	0%	-
14	Telephone	-	0%	-
15	Advertising	-	0%	-
16	Professional Liability Insurance	-	0%	-
17	Dues and Subscriptions	-	0%	-
18	Other (Attach Schedule)	92,932	15%	13,940
19	Total	92,932		13,940
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 119,646		17,947

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	
2	Collection Fees	
3	Accounting and Auditing	
4	Data Processing Fees	
5	Other (Attach Schedule)	15% Based on the Expenses Related to Ambulance
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	
8	Transportation - Other Company Vehicles	
9	Travel	15% Based on the Expenses Related to Ambulance
10	Other (Attach Schedule)	
11	Total	
Other General and Administrative:		
12	Office Supplies	
13	Postage	
14	Telephone	
15	Advertising	
16	Professional Liability Insurance	
17	Dues and Subscriptions	
18	Other (Attach Schedule)	15% Based on the Expenses Related to Ambulance
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
Depreciation and Amortization:			
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$	15,552
2	Amortization		-
3	Total	\$	15,552
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)		-
Building / Station Expense:			
5	Building and Cleaning Supplies		-
6	Utilities		4,220
7	Property Taxes		-
8	Property Insurance		-
9	Repairs and Maintenance		-
10	Other (Attach Schedule)		-
11	Total		4,220
Vehicle Expense - Ambulance Units:			
12	License / Registration		256
13	Fuel		8,030
14	General Vehicle Service and Maintenance		-
15	Major Repairs		10,221
16	Insurance - Service Vehicles		-
17	Other (Attach Schedule)		-
18	Total		18,506
Other Expenses:			
19	Dispatch		-
20	Education / Training		-
21	Uniforms and Uniform Cleaning		-
22	Meals and Travel for Ambulance personnel		-
23	Maintenance Contracts		-
24	Minor Equipment - Not Capitalized		-
25	Ambulance Supplies - Nonchargeable		-
26	Other (Attach Schedule)		15,774
27	Total		15,774
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$	54,053

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____ City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 77,761	20%	\$ 15,552
2	Amortization	-	0%	-
3	Total	<u>77,761</u>		<u>15,552</u>
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	-	0%	-
Building / Station Expense:				
5	Building and Cleaning Supplies	-	0%	-
6	Utilities	21,101	20%	4,220
7	Property Taxes	-	0%	-
8	Property Insurance	-	0%	-
9	Repairs and Maintenance	-	0%	-
10	Other (Attach Schedule)	-	0%	-
11	Total	<u>21,101</u>		<u>4,220</u>
Vehicle Expense - Ambulance Units:				
12	License / Registration	1,280	20%	256
13	Fuel	40,148	20%	8,030
14	General Vehicle Service and Maintenance	-	0%	-
15	Major Repairs	51,103	20%	10,221
16	Insurance - Service Vehicles	-	0%	-
17	Other (Attach Schedule)	-	0%	-
18	Total	<u>92,531</u>		<u>18,506</u>
Other Expenses:				
19	Dispatch	-	0%	-
20	Education / Training	-	0%	-
21	Uniforms and Uniform Cleaning	-	0%	-
22	Meals and Travel - Ambulance Personnel	-	0%	-
23	Maintenance Contracts	-	0%	-
24	Minor Equipment - Not Capitalized	-	0%	-
25	Ambulance Supplies - Nonchargeable	-	0%	-
26	Other (Attach Schedule)	78,871	20%	15,774
27	Total	<u>78,871</u>		<u>15,774</u>
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ 270,264		\$ 54,053

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	
2	Amortization	20% Based on the Expenses Related to Ambulance
3	Total	
4	Rent / Lease	
Building / Station Expense:		
5	Building and Cleaning Supplies	
6	Utilities	20% Based on the Expenses Related to Ambulance
7	Property Taxes	
8	Property Insurance	
9	Repairs and Maintenance	
10	Other	
11	Total	
Vehicle Expense - Ambulance Units:		
12	License / Registration	
13	Fuel	20% Based on the Expenses Related to Ambulance
14	General Vehicle Service and Maintenance	
15	Major Repairs	
16	Insurance - Service Vehicles	20% Based on the Expenses Related to Ambulance
17	Other	20% Based on the Expenses Related to Ambulance
18	Total	
Other Expenses:		
19	Dispatch	
20	Education / Training	
21	Uniforms and Uniform Cleaning	
22	Meals and Travel for Ambulance personnel	
23	Maintenance Contracts	
24	Minor Equipment - Not Capitalized	
25	Ambulance Supplies - Nonchargeable	
26	Other (Attach Schedule)	20% Based on the Expenses Related to Ambulance
27	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	(Post Total to Page 2, Line 4)				0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013 TO: June 30, 2014

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ _____
	<u>Less:</u>	
2	AHCCCS Settlement	\$ _____
3	Medicare Settlement	_____
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	_____
5	Subscription Service Bad Debt	_____
6	Total	_____ 0
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	_____
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____ 0
	 Direct Expenses Incurred Selling Subscription Contracts	
11	Salaries / Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation / Amortization	_____
19	Rent / Lease	_____
20	Building / Station Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ _____ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales
FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

OTHER OPERATING REVENUES & EXPENSES

Line No.	<u>Description</u>		
Other Operating Revenues:			
1	Supportive Funding - Local (attach schedule)	\$	_____
2	Grant Funds - State (attach schedule)	NA	_____
3	Grant Funds - Federal (attach schedule)	NA	_____
4	Grant Funds - Other (attach schedule)	NA	_____
5	Patient Finance Charges	NA	_____
6	Patient Late Payment Charges	NA	_____
7	Interest Earned - Related Person / Organization	NA	_____
8	Interest Earned - Other	NA	_____
9	Gain on Sale of Operating Property	NA	_____
10	Other: _____	NA	_____
11	Other: _____	NA	_____
12	Total Other Operating Revenues	\$	NA _____
Other Operating Expenses:			
13	Loss on Sale of Operating Property	NA	_____
14	Other: _____	NA	_____
15	Other: _____	NA	_____
16	Total Other Operating Expenses	NA	_____
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$	NA _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____ City of Nogales
 FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

Schedule I
 DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1						\$						\$	
2													
3													
4													
5													
6													
7	TOTAL					\$		\$				\$	

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____ City of Nogales _____

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

Schedule II
 DETAIL of SALARIES / WAGES
 Management, Ambulance Personnel, Other Personnel

Line No.	Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
1 MANAGEMENT:					
	FIRE CHIEF	40			96,238
	ASSISTANT FIRE CHIEF	40			103,429
	FIRE PREVENTION DIVISION CHIEF	40			72,185
	EMDS DIVISION CHIEF	40			91,496
2 AMBULANCE PERSONNEL:					
	FIREFIGHTER/ PARAMEDIC	40			82,846
	FIREFIGHTER/ PARAMEDIC	40			99,898
	FIREFIGHTER/ PARAMEDIC	40			90,173
	FIREFIGHTER/ PARAMEDIC	40			95,602
	FIREFIGHTER/ PARAMEDIC	40			92,418
	FIREFIGHTER/ PARAMEDIC	40			88,407
	FIREFIGHTER/ PARAMEDIC	40			89,391
	FIREFIGHTER/ PARAMEDIC	40			96,339
	FIREFIGHTER/ PARAMEDIC	40			89,817
	FIREFIGHTER/ PARAMEDIC	40			97,202
	FIREFIGHTER/ PARAMEDIC	40			92,028
	FIREFIGHTER/ PARAMEDIC	40			92,137
	FIREFIGHTER/ PARAMEDIC	40			81,469
	FIREFIGHTER/ PARAMEDIC	40			87,804
	FIREFIGHTER/ PARAMEDIC	40			76,090
	FIREFIGHTER/ PARAMEDIC	40			87,780
	FIREFIGHTER/ PARAMEDIC	40			86,930
	FIREFIGHTER/ PARAMEDIC	40			85,968
	FIREFIGHTER/ PARAMEDIC	40			81,560
	FIREFIGHTER/ PARAMEDIC	40			90,744
	FIREFIGHTER/ PARAMEDIC	40			79,420
	FIREFIGHTER/ PARAMEDIC	40			71,864
	FIREFIGHTER/ PARAMEDIC	40			81,445
	FIREFIGHTER/ PARAMEDIC	40			77,878
	FIREFIGHTER/ PARAMEDIC	40			72,990
	FIREFIGHTER/ PARAMEDIC	40			68,320
	FIREFIGHTER/ PARAMEDIC	40			65,165
	FIREFIGHTER/ PARAMEDIC	40			80,782
	FIREFIGHTER/ PARAMEDIC	40			62,260
	FIREFIGHTER/ PARAMEDIC	40			68,726
	FIREFIGHTER/ PARAMEDIC	40			68,490
	FIREFIGHTER/ PARAMEDIC	40			16,333
	FIREFIGHTER/ PARAMEDIC	40			61,313
	FIREFIGHTER/ PARAMEDIC	40			68,340
	FIREFIGHTER/ PARAMEDIC	40			57,728
	FIREFIGHTER/ PARAMEDIC	40			65,455
	FIREFIGHTER/ PARAMEDIC	40			69,329
	FIREFIGHTER/ PARAMEDIC	40			71,309
	FIREFIGHTER/ PARAMEDIC	40			70,005
	FIREFIGHTER/ PARAMEDIC	40			66,225
	FIREFIGHTER/ PARAMEDIC	40			68,961
	FIREFIGHTER/ PARAMEDIC	40			66,558
	FIREFIGHTER/ PARAMEDIC	40			52,640
3 OTHER PERSONNEL:					
	ADMINISTRATIVE OFFICE ASST	20			31,663

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

City of Nogales

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Ambulance	July 1, 1991	30,000	100%	S/L	10		30,000			
2	Ambulance	April 7, 1995	56,754	100%	S/L	10	56,754				
3	Ambulance	September 27, 1999	52,630	100%	S/L	10	52,630				
4	Ambulance	June 5, 2003	55,007	100%	S/L	10	55,007				
5	Lifepak Monitor	February 27, 2008	13,560	100%	S/L	7	9,680	1,936			
6	Rosenbauer 101 Aerial Fire Truck	July 22, 2010	829,419	100%	S/L	20	124,413	41,471			
7	Type III Wheeled Coach Ambulance	July 29, 2010	113,830	100%	S/L	10	34,149	11,383			
8	Thermo Imaging Camera EV5600 TIC	December 21, 2011	7,342	100%	S/L	5	1,468	734			
9	LP15 CARDIAC MONITOR/DEFIBRILLATOR	January 25, 2014	29,504.04	100%	S/L	5	-	2,458.67			
10	LP15 CARDIAC MONITOR/DEFIBRILLATOR	January 25, 2014	29,504.04	100%	S/L	5	-	2,458.67			
11	LP15 CARDIAC MONITOR/DEFIBRILLATOR	January 25, 2014	29,504.04	100%	S/L	5	-	2,458.67			
12	LP15 CARDIAC MONITOR/DEFIBRILLATOR	January 25, 2014	29,504.04	100%	S/L	5	-	2,458.67			
13	AMBULANCE	June 2, 2014	146,997.06	100%	S/L	5	-	2,449.95			
14	AMBULANCE	June 2, 2014	146,997.06	100%	S/L	5	-	2,449.95			
15	PORTABLE RADIOS	March 20, 2014	150,047.08	100%	S/L	5	-	7,502.35			
16											
17											
18											
19											
20	SUBTOTAL										
			1,720,589						77,761		0

Post to Pg 13, Line 19, Column K

Post to Pg 13, Line 19, Column I

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18	SUBTOTAL above								0	0	0
19	SUBTOTAL from Page 12, Line 20								77,761	0	0
20	SUM of Line 18 & 19								77,761	0	0

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(4) Interest Expense		(5)
			Beginning of Period	End of Period	Related Persons or Organizations	Other	
	Service Vehicles & Accessorial Equipment Name of Payee:						
1	_____	% \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
2	_____	_____	_____	_____	_____	_____	
3	_____	_____	_____	_____	_____	_____	
4	_____	_____	_____	_____	_____	_____	
	Communication Equipment Name of Payee:						
5	_____	_____	_____	_____	_____	_____	
6	_____	_____	_____	_____	_____	_____	
7	_____	_____	_____	_____	_____	_____	
	Other Property and Equipment Name of Payee:						
8	_____	_____	_____	_____	_____	_____	
9	_____	_____	_____	_____	_____	_____	
10	_____	_____	_____	_____	_____	_____	
	Working Capital Name of Payee:						
11	_____	_____	_____	_____	_____	_____	
12	_____	_____	_____	_____	_____	_____	
13	_____	_____	_____	_____	_____	_____	
	Other Name of Payee:						
14	_____	% _____	_____	_____	_____	_____	
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$	-
2	Accounts Receivable		2,228,087
3	Less: Allowance for Doubtful Accounts		(496,344)
4	Inventory		-
5	Prepaid Expenses		-
6	Other Current Assets		-
7	TOTAL CURRENT ASSETS		\$ 1,731,743
9	PROPERTY & EQUIPMENT		1,720,589
10	Less: Accumulated Depreciation		(77,761)
11	OTHER NON CURRENT ASSETS		1,642,828
12	TOTAL ASSETS		\$ 3,374,571

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	_____
14	Current Portion of Notes Payable		_____
15	Current Portion of Long-Term Debt		_____
16	Deferred Subscription Income		_____
17	Accrued Expenses and Other		_____
18	_____		_____
19	_____		_____
20	TOTAL CURRENT LIABILITIES		\$ _____
21	NOTES PAYABLE		_____
22	LONG-TERM DEBT OTHER		_____
23	TOTAL LONG-TERM DEBT		_____

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock	_____	
25	Paid-In Capital in Excess of Par Value		_____
26	Contributed Capital		_____
27	Retained Earnings		_____
28	_____		_____
29	_____		_____
30	Fund Balance		3,374,571
31	TOTAL EQUITY		3,374,571
32	TOTAL LIABILITIES & EQUITY		\$ 3,374,571

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ (3,097,031.00)
	<i>Adjustments to Reconcile Net Income to Net Cash</i>	
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow	
2	Depreciation Expense	77,761.00
3	Deferred Income Tax	
4	Loss (gain) on Disposal of Property & Equipment	
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable	2,228,087
6	Inventories	-
7	Prepaid Expenses	-
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable	
9	Accrued Expenses	-
10	Deferred Subscription Income	-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ (791,183.00)
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	412,010
13	Proceeds from Disposal of Property & Equipment	
14	Purchases of Investments	
15	Proceeds from Disposal of Investments	
16	Loans Made	
17	Collections on Loans	
18	Other	
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	412,010
FINANCING ACTIVITIES:		
	<i>New Borrowings:</i>	
20	Long-Term	
21	Short-Term	412,010
	<i>Debt Reduction:</i>	
22	Long-Term	
23	Short-Term	
24	Capital Contributions	
25	Dividends Paid	\$
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	412,010
27	NET INCREASE (Decrease) IN CASH	-
28	CASH AT BEGINNING OF YEAR	-
29	CASH AT END OF YEAR	-
SUPPLEMENTAL DISCLOSURES:		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	
31	
32	
33	Interest Paid (Net of Amounts Capitalized)	
34	Income Taxes Paid	\$

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